

AMENDED IN SENATE APRIL 24, 2006

**SENATE BILL**

**No. 1850**

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**Introduced by Committee on Health (Senators Ortiz (Chair),  
Aanestad, Alquist, Chesbro, Cox, Figueroa, Kuehl, Maldonado,  
and Runner)**

March 23, 2006

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An act to amend Sections ~~128135, 128200~~, *127931, 128125, 128135, 128198, 128200, 128260, 128385, 128485, 128737, 128765, 128770, and 128775* of, to amend the heading of Chapter 4 (commencing with Section 128200) of, to amend the heading of Article 1 (commencing with Section 128200) of Chapter 4 of, Part 3 of Division 107 of the Health and Safety Code, relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

SB 1850, as amended, Committee on Health. Health care: training: reporting.

Existing law, the Song-Brown Family Physician Training Act, provides for specified training programs for certain health care workers, including family physicians, nurses, nurse practitioners, and physician's assistants.

This bill would change the name of this act to the Song-Brown Health Care Workforce Training Act.

Existing law, the Health Data and Advisory Council Consolidation Act (HDACCA), requires certain types of health care facilities to report specified information to the Office of Statewide Health Planning and Development. Existing law requires each hospital and freestanding ambulatory surgery clinic to file with the office an ambulatory surgery data record, containing specified information, for

each patient encounter during which at least one ambulatory surgery procedure is performed.

This bill would expressly provide that the types of hospitals that are subject to this requirement are general acute care hospitals.

Existing law requires that all reports filed under the HDACCA be posted on the office's Internet Web site, and to be produced and made available for inspection upon the demand of any person, with the exception of hospital discharge abstract data if the office determines that an individual patient's rights of confidentiality would be violated.

This bill would change this exception to ~~specifically concern patient level hospital~~ *apply to discharge abstract and encounter data collected pursuant to specified provisions of law*.

Existing law requires the reports filed under the HDACCA to include certain elements, and to be disseminated as widely as practical to interested parties.

This bill would apply these requirements only to risk-adjusted outcome reports published pursuant to specified provisions of law.

Existing law requires the office, for the purpose of public disclosure, to compile and publish summaries of the data that is required to be disclosed under the HDACCA.

This bill would instead require the compilation and publication of summaries of individual facility and aggregate data *that do not contain patient-specific information* required to be disclosed under the HDACCA, and would require that the summaries be posted on the office's Internet Web site.

Existing law requires the office to continue the publication of aggregate industry and individual health facility cost and operational data published by the California Health Facilities Commission under specified provisions of law, and to submit the publication to the Legislature no later than March 1 of each year.

This bill would eliminate that requirement.

Existing law provides that any health facility that does not file with the office any report required by the HDACCA is liable for a civil penalty, except as specified.

This bill would also apply this provision, in addition, to a freestanding ambulatory surgery clinic.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1     *SECTION 1. Section 127931 of the Health and Safety Code is*  
2 *amended to read:*

3     127931. (a) The office shall distribute student applications to  
4 participate in the program to postsecondary institutions eligible  
5 to participate in the state and federal financial aid programs and  
6 that have a program of professional preparation that has been  
7 approved by the Medical Board of California or the Dental Board  
8 of California. Each eligible institution shall receive at least one  
9 application.

10    (b) Each participating institution shall sign an institutional  
11 agreement with the office, certifying its intent to administer the  
12 program according to all applicable published rules, regulations,  
13 and guidelines, and shall make special efforts to notify students  
14 regarding the availability of the program, particularly to  
15 economically disadvantaged students.

16    (c) To the extent feasible, the office and each participating  
17 institution shall coordinate this program with other existing  
18 programs designed to recruit or encourage students to enter the  
19 medical and dental professions. These programs shall include,  
20 but not be limited to, the following:

21    (1) The Song-Brown—~~Family—Physician~~ *Health Care*  
22 *Workforce Training Act.*

23    (2) The Health Education and Academic Loan Act.

24    (3) The National Health Service Corp.

25    *SEC. 2. Section 128125 of the Health and Safety Code is*  
26 *amended to read:*

27    128125. The Legislature finds that there is a need to improve  
28 the effectiveness of health care delivery systems. One way of  
29 accomplishing that objective is to utilize health care personnel in  
30 new roles and to reallocate health tasks to better meet the health  
31 needs of the citizenry.

32    The Legislature finds that experimentation with new kinds and  
33 combinations of health care delivery systems is desirable, and  
34 that, for purposes of this experimentation, a select number of  
35 publicly evaluated health—~~manpower~~ *workforce* pilot projects  
36 should be exempt from the healing arts practices acts. The  
37 Legislature also finds that large sums of public and private funds  
38 are being spent to finance health—~~manpower~~ *workforce* innovation

1 projects, and that the activities of some of these projects exceed  
2 the limitations of state law. These projects may jeopardize the  
3 public safety and the careers of persons who are trained in them.  
4 It is the intent of the Legislature to establish the accountability of  
5 health—~~manpower~~ *workforce* innovation projects to the  
6 requirements of the public health, safety, and welfare, and the  
7 career viability of persons trained in these programs. Further, it is  
8 the intent of this legislation that existing healing arts licensure  
9 laws incorporate innovations developed in approved projects that  
10 are likely to improve the effectiveness of health care delivery  
11 systems.

12 ~~SECTION 1.~~

13 *SEC. 3.* Section 128135 of the Health and Safety Code is  
14 amended to read:

15 128135. The office may designate experimental health  
16 workforce projects as approved projects where the projects are  
17 sponsored by community hospitals or clinics, nonprofit  
18 educational institutions, or government agencies engaged in  
19 health or education activities. Nothing in this section shall  
20 preclude approved projects from utilizing the offices of  
21 physicians, dentists, pharmacists, and other clinical settings as  
22 training sites.

23 *SEC. 4.* *Section 128198 of the Health and Safety Code is*  
24 *amended to read:*

25 128198. (a) (1) There is hereby established in the Office of  
26 Statewide Health Planning and Development the California  
27 Pharmacist Scholarship and Loan Repayment Program.

28 (2) The program shall provide scholarships to pay for the  
29 educational expenses of pharmacy school students and repay  
30 qualifying educational loans of pharmacists who agree to  
31 participate in designated medically underserved areas as provided  
32 in this section.

33 (b) The Office of Statewide Health Planning and Development  
34 shall administer the California Pharmacist Scholarship and Loan  
35 Repayment Program utilizing the same general guidelines  
36 applicable to the federal National Health Service Corps  
37 Scholarship Program established pursuant to Section 254 *l* of  
38 Title 42 of the United States Code and the National Health  
39 Service Corps Loan Repayment Program established pursuant to

1 Section 254 l-1 of Title 42 of the United States Code, except as  
2 follows:

3 (1) A pharmacist or pharmacy school student shall be eligible  
4 to participate in the program if he or she agrees to provide  
5 pharmacy services in a practice site located in areas of the state  
6 where unmet priority needs for primary care family physicians  
7 exist as determined by the Health-~~Manpower~~ *Workforce* Policy  
8 Commission.

9 (2) No matching funds shall be required from any entity in the  
10 practice site area.

11 (c) This section shall be implemented only to the extent that  
12 sufficient moneys are available in the California Pharmacist  
13 Scholarship and Loan Repayment Program Fund to administer  
14 the program.

15 ~~SEC. 2.~~

16 *SEC. 5.* The heading of Chapter 4 (commencing with Section  
17 128200) of Part 3 of Division 107 of the Health and Safety Code,  
18 as added by Section 360 of Chapter 1023 of the Statutes of 1996,  
19 is amended to read:

20  
21 CHAPTER 4. HEALTH CARE WORKFORCE  
22 TRAINING PROGRAMS  
23

24 ~~SEC. 3.~~

25 *SEC. 6.* The heading of Article 1 (commencing with Section  
26 128200) of Chapter 4 of Part 3 of Division 107 of the Health and  
27 Safety Code, as added by Section 360 of Chapter 1023 of the  
28 Statutes of 1996, is amended to read:

29  
30 Article 1. Song-Brown Health Care Workforce Training Act  
31

32 ~~SEC. 4.~~

33 *SEC. 7.* Section 128200 of the Health and Safety Code is  
34 amended to read:

35 128200. (a) This article shall be known and may be cited as  
36 the Song-Brown Health Care Workforce Training Act.

37 (b) The Legislature hereby finds and declares that physicians  
38 engaged in family practice are in very short supply in California.  
39 The current emphasis placed on specialization in medical  
40 education has resulted in a shortage of physicians trained to

1 provide comprehensive primary health care to families. The  
2 Legislature hereby declares that it regards the furtherance of a  
3 greater supply of competent family physicians to be a public  
4 purpose of great importance and further declares the  
5 establishment of the program pursuant to this article to be a  
6 desirable, necessary and economical method of increasing the  
7 number of family physicians to provide needed medical services  
8 to the people of California. The Legislature further declares that  
9 it is to the benefit of the state to assist in increasing the number  
10 of competent family physicians graduated by colleges and  
11 universities of this state to provide primary health care services  
12 to families within the state.

13 The Legislature finds that the shortage of family physicians can  
14 be improved by the placing of a higher priority by public and  
15 private medical schools, hospitals, and other health care delivery  
16 systems in this state, on the recruitment and improved training of  
17 medical students and residents to meet the need for family  
18 physicians. To help accomplish this goal, each medical school in  
19 California is encouraged to organize a strong family practice  
20 program or department. It is the intent of the Legislature that the  
21 programs or departments be headed by a physician who  
22 possesses specialty certification in the field of family practice,  
23 and has broad clinical experience in the field of family practice.

24 The Legislature further finds that encouraging the training of  
25 primary care physician's assistants and primary care nurse  
26 practitioners will assist in making primary health care services  
27 more accessible to the citizenry, and will, in conjunction with the  
28 training of family physicians, lead to an improved health care  
29 delivery system in California.

30 Community hospitals in general and rural community hospitals  
31 in particular, as well as other health care delivery systems, are  
32 encouraged to develop family practice residencies in affiliation  
33 or association with accredited medical schools, to help meet the  
34 need for family physicians in geographical areas of the state with  
35 recognized family primary health care needs. Utilization of  
36 expanded resources beyond university-based teaching hospitals  
37 should be emphasized, including facilities in rural areas wherever  
38 possible.

39 The Legislature also finds and declares that nurses are in very  
40 short supply in California. The Legislature hereby declares that it

1 regards the furtherance of a greater supply of nurses to be a  
2 public purpose of great importance and further declares the  
3 expansion of the program pursuant to this article to include  
4 nurses to be a desirable, necessary, and economical method of  
5 increasing the number of nurses to provide needed nursing  
6 services to the people of California.

7 It is the intent of the Legislature to provide for a program  
8 designed primarily to increase the number of students and  
9 residents receiving quality education and training in the specialty  
10 of family practice and as primary care physician's assistants,  
11 primary care nurse practitioners, and registered nurses and to  
12 maximize the delivery of primary care family physician services  
13 to specific areas of California where there is a recognized unmet  
14 priority need. This program is intended to be implemented  
15 through contracts with accredited medical schools, programs that  
16 train primary care physician's assistants, programs that train  
17 primary care nurse practitioners, programs that train registered  
18 nurses, hospitals, and other health care delivery systems based on  
19 per-student or per-resident capitation formulas. It is further  
20 intended by the Legislature that the programs will be  
21 professionally and administratively accountable so that the  
22 maximum cost-effectiveness will be achieved in meeting the  
23 professional training standards and criteria set forth in this article  
24 and Article 2 (commencing with Section 128250).

25 *SEC. 8. Section 128260 of the Health and Safety Code is*  
26 *amended to read:*

27 128260. As used in this article, unless the context otherwise  
28 requires, the following definitions shall apply:

29 (a) "Commission" means the California Healthcare Workforce  
30 Policy Commission.

31 (b) "Director" means the Director of Statewide Health  
32 Planning and Development.

33 (c) "Medically underserved designated shortage area" means  
34 any of the following:

35 (1) An area designated by the commission as a critical health  
36 ~~manpower~~ *workforce* shortage area.

37 (2) A medically underserved area, as designated by the United  
38 States Department of Health and Human Services.

39 (3) A critical ~~manpower~~ *workforce* shortage area, as defined  
40 by the United States Department of Health and Human Services.

(d) “Primary care physician” means a physician who has the responsibility for providing initial and primary care to patients, for maintaining the continuity of patient care, and for initiating referral for care by other specialists. A primary care physician shall be a board-certified or board-eligible general internist, general pediatrician, general obstetrician-gynecologist, or family physician.

*SEC. 9. Section 128385 of the Health and Safety Code is amended to read:*

128385. (a) There is hereby created the Registered Nurse Education Program within the Health Professions Education Foundation. Persons participating in this program shall be persons who agree in writing prior to graduation to serve in an eligible county health facility, an eligible state-operated health facility, a health—~~manpower~~ *workforce* shortage area, or a California nursing school, as designated by the director of the office. Persons agreeing to serve in eligible county health facilities, eligible state-operated health facilities, or health ~~manpower~~ *workforce* shortage areas, and master’s or doctoral students agreeing to serve in a California nursing school may apply for scholarship or loan repayment. The Registered Nurse Education Program shall be administered in accordance with Article 1 (commencing with Section 128330), except that all funds in the Registered Nurse Education Fund shall be used only for the purpose of promoting the education of registered nurses and related administrative costs. The Health Professions Education Foundation shall make recommendations to the director of the office concerning both of the following:

(1) A standard contractual agreement to be signed by the director and any student who has received an award to work in an eligible county health facility, an eligible state-operated health facility, or in a health—~~manpower~~ *workforce* shortage area that would require a period of obligated professional service in the areas of California designated by the California Healthcare Workforce Policy Commission as deficient in primary care services. The obligated professional service shall be in direct patient care. The agreement shall include a clause entitling the state to recover the funds awarded plus the maximum allowable interest for failure to begin or complete the service obligation.



1 (2) Maximum allowable amounts for scholarships, educational  
2 loans, and loan repayment programs in order to assure the most  
3 effective use of these funds.

4 (b) Applicants may be persons licensed as registered nurses,  
5 graduates of associate degree nursing programs prior to entering  
6 a program granting a baccalaureate of science degree in nursing,  
7 or students entering an entry-level master's degree program in  
8 registered nursing or other registered nurse master's or doctoral  
9 degree program approved by the Board of Registered Nursing.  
10 Priority shall be given to applicants who hold associate degrees  
11 in nursing.

12 (c) Registered nurses and students shall commit to teaching  
13 nursing in a California nursing school for five years in order to  
14 receive a scholarship or loan repayment for a master's or doctoral  
15 degree program.

16 (d) Not more than 5 percent of the funds available under the  
17 Registered Nurse Education Program shall be available for a pilot  
18 project designed to test whether it is possible to encourage  
19 articulation from associate degree nursing programs to  
20 baccalaureate of science degree nursing programs. Persons who  
21 otherwise meet the standards of subdivision (a) shall be eligible  
22 for educational loans when they are enrolled in associate degree  
23 nursing programs. If these persons complete a baccalaureate of  
24 science degree nursing program in California within five years of  
25 obtaining an associate degree in nursing and meet the standards  
26 of this article, these loans shall be completely forgiven.

27 (e) As used in this section, "eligible county health facility"  
28 means a county health facility that has been determined by the  
29 office to have a nursing vacancy rate greater than noncounty  
30 health facilities located in the same health facility planning area.

31 (f) As used in this section, "eligible state-operated health  
32 facility" means a state-operated health facility that has been  
33 determined by the office to have a nursing vacancy rate greater  
34 than noncounty health facilities located in the same health facility  
35 planning area.

36 *SEC. 10. Section 128485 of the Health and Safety Code is*  
37 *amended to read:*

38 128485. There is hereby created the Vocational Nurse  
39 Education Program within the Health Professions Education  
40 Foundation. Persons participating in this program shall be

1 persons who agree in writing prior to completion of vocational  
2 nursing school to serve in an eligible county health facility, an  
3 eligible state-operated health facility, or a health-~~manpower~~  
4 *workforce* shortage area, as designated by the director of the  
5 office. Persons agreeing to serve in eligible county health  
6 facilities, eligible state-operated health facilities, or health  
7 ~~manpower~~ *workforce* shortage areas may apply for scholarship or  
8 loan repayment. The Vocational Nurse Education Program shall  
9 be administered in accordance with Article 1 (commencing with  
10 Section 128330), except that all funds in the Vocational Nurse  
11 Education Fund shall be used only for the purpose of promoting  
12 the education of vocational nurses and related administrative  
13 costs. The Health Professions Education Foundation shall make  
14 recommendations to the director of the office concerning both of  
15 the following:

16 (a) A standard contractual agreement to be signed by the  
17 director and any student who has received an award to work in an  
18 eligible county health facility, an eligible state-operated health  
19 facility, or in a health-~~manpower~~ *workforce* shortage area that  
20 would require a period of obligated professional service in the  
21 areas of California designated by the Health-~~Manpower~~  
22 *Workforce* Policy Commission as deficient in primary care  
23 services. The obligated professional service shall be in direct  
24 patient care. The agreement shall include a clause entitling the  
25 state to recover the funds awarded plus the maximum allowable  
26 interest for failure to begin or complete the service obligation.

27 (b) Maximum allowable amounts for scholarships, educational  
28 loans, and loan repayment programs in order to assure the most  
29 effective use of these funds.

30 (c) A person who qualifies for admission to a vocational  
31 nursing program that is accredited by the board of Vocational  
32 Nursing and Psychiatric Technicians may apply for funding  
33 under the Vocational Nurse Education Program by establishing a  
34 contractual agreement in accordance with subdivision (a).

35 (d) A person who holds a current valid license as a vocational  
36 nurse who wishes to seek an associate of science degree in  
37 nursing from an accredited college may apply for funding under  
38 the Vocational Nurse Education Program by establishing a  
39 contractual agreement in accordance with subdivision (a) unless

1 the person is able to qualify under subdivision (a) of Section  
2 128385 under the Registered Nurse Education Program.

3 ~~SEC. 5.~~

4 *SEC. 11.* Section 128737 of the Health and Safety Code is  
5 amended to read:

6 128737. (a) Each general acute care hospital and  
7 freestanding ambulatory surgery clinic shall file an Ambulatory  
8 Surgery Data Record for each patient encounter during which at  
9 least one ambulatory surgery procedure is performed. The  
10 Ambulatory Surgery Data Record shall include all of the  
11 following:

- 12 (1) Date of birth.
- 13 (2) Sex.
- 14 (3) Race.
- 15 (4) Ethnicity.
- 16 (5) Principal language spoken.
- 17 (6) ZIP Code.
- 18 (7) Patient social security number, if it is contained in the  
19 patient's medical record.
- 20 (8) Service date.
- 21 (9) Principal diagnosis.
- 22 (10) Other diagnoses.
- 23 (11) Principal procedure.
- 24 (12) Other procedures.
- 25 (13) Principal external cause of injury, if known.
- 26 (14) Other external cause of injury, if known.
- 27 (15) Disposition of patient.
- 28 (16) Expected source of payment.
- 29 (17) Elements added pursuant to Section 128738.

30 (b) It is the expressed intent of the Legislature that the  
31 patient's rights of confidentiality shall not be violated in any  
32 manner. Patient social security numbers and any other data  
33 elements that the office believes could be used to determine the  
34 identity of an individual patient shall be exempt from the  
35 disclosure requirements of the California Public Records Act  
36 (Chapter 3.5 (commencing with Section 6250) of Division 7 of  
37 Title 1 of the Government Code).

38 (c) No person reporting data pursuant to this section shall be  
39 liable for damages in any action based on the use or misuse of  
40 patient-identifiable data that has been mailed or otherwise

1 transmitted to the office pursuant to the requirements of  
2 subdivision (a).

3 (d) Data reporting requirements established by the office shall  
4 be consistent with national standards as applicable.

5 (e) This section shall become operative on January 1, 2004.

6 ~~SEC. 6.~~

7 *SEC. 12.* Section 128765 of the Health and Safety Code is  
8 amended to read:

9 128765. (a) The office, with the advice of the commission,  
10 shall maintain a file of all the reports filed under this chapter at  
11 its Sacramento office. Subject to any rules the office, with the  
12 advice of the commission, may prescribe, these reports shall be  
13 produced and made available for inspection upon the demand of  
14 any person, and shall also be posted on its Web site, with the  
15 exception of ~~patient level hospital discharge abstract and~~  
16 ~~encounter~~ data that shall be available for public inspection unless  
17 the office determines, *pursuant to applicable law*, that an  
18 individual patient's rights of confidentiality would be violated.

19 (b) The reports published pursuant to Section 128745 shall  
20 include an executive summary, written in plain English to the  
21 maximum extent practicable, that shall include, but not be limited  
22 to, a discussion of findings, conclusions, and trends concerning  
23 the overall quality of medical outcomes, including a comparison  
24 to reports from prior years, for the procedure or condition studied  
25 by the report. The office shall disseminate the reports as widely  
26 as practical to interested parties, including, but not limited to,  
27 hospitals, providers, the media, purchasers of health care,  
28 consumer or patient advocacy groups, and individual consumers.  
29 The reports shall be posted on the office's Internet Web site.

30 (c) Copies certified by the office as being true and correct,  
31 copies of reports properly filed with the office pursuant to this  
32 chapter, together with summaries, compilations, or  
33 supplementary reports prepared by the office, shall be introduced  
34 as evidence, where relevant, at any hearing, investigation, or  
35 other proceeding held, made, or taken by any state, county, or  
36 local governmental agency, board, or commission that  
37 participates as a purchaser of health facility services pursuant to  
38 the provisions of a publicly financed state or federal health care  
39 program. Each of these state, county, or local governmental  
40 agencies, boards, and commissions shall weigh and consider the

1 reports made available to it pursuant to the provisions of this  
2 subdivision in its formulation and implementation of policies,  
3 regulations, or procedures regarding reimbursement methods and  
4 rates in the administration of these publicly financed programs.

5 (d) The office, with the advice of the commission, shall  
6 compile and publish summaries of individual facility and  
7 aggregate data *that do not contain patient-specific information*  
8 for the purpose of public disclosure. The summaries shall be  
9 posted on the office's Internet Web site. The commission shall  
10 approve the policies and procedures relative to the manner of  
11 data disclosure to the public. The office, with the advice of the  
12 commission, may initiate and conduct studies as it determines  
13 will advance the purposes of this chapter.

14 (e) In order to assure that accurate and timely data are  
15 available to the public in useful formats, the office shall establish  
16 a public liaison function. The public liaison shall provide  
17 technical assistance to the general public on the uses and  
18 applications of individual and aggregate health facility data and  
19 shall provide the director and the commission with an annual  
20 report on changes that can be made to improve the public's  
21 access to data.

22 ~~SEC. 7.~~

23 *SEC. 13.* Section 128770 of the Health and Safety Code is  
24 amended to read:

25 128770. (a) Any health facility or freestanding ambulatory  
26 surgery clinic that does not file any report as required by this  
27 chapter with the office is liable for a civil penalty of one hundred  
28 dollars (\$100) a day for each day the filing of any report is  
29 delayed. No penalty shall be imposed if an extension is granted  
30 in accordance with the guidelines and procedures established by  
31 the office, with the advice of the commission.

32 (b) Any health facility that does not use an approved system of  
33 accounting pursuant to the provisions of this chapter for purposes  
34 of submitting financial and statistical reports as required by this  
35 chapter shall be liable for a civil penalty of not more than five  
36 thousand dollars (\$5,000).

37 (c) Civil penalties are to be assessed and recovered in a civil  
38 action brought in the name of the people of the State of  
39 California by the office. Assessment of a civil penalty may, at the  
40 request of any health facility or freestanding ambulatory surgery

1 clinic, be reviewed on appeal, and the penalty may be reduced or  
2 waived for good cause.

3 (d) Any money that is received by the office pursuant to this  
4 section shall be paid into the General Fund.

5 ~~SEC. 8.~~

6 *SEC. 14.* Section 128775 of the Health and Safety Code is  
7 amended to read:

8 128775. (a) Any health facility or freestanding ambulatory  
9 surgery clinic affected by any determination made under this part  
10 by the office may petition the office for review of the decision.  
11 This petition shall be filed with the office within 15 business  
12 days, or within a greater time as the office, with the advice of the  
13 commission, may allow, and shall specifically describe the  
14 matters which are disputed by the petitioner.

15 (b) A hearing shall be commenced within 60 calendar days of  
16 the date on which the petition was filed. The hearing shall be  
17 held before an employee of the office, an administrative law  
18 judge employed by the Office of Administrative Hearings, or a  
19 committee of the commission chosen by the chairperson for this  
20 purpose. If held before an employee of the office or a committee  
21 of the commission, the hearing shall be held in accordance with  
22 any procedures as the office, with the advice of the commission,  
23 shall prescribe. If held before an administrative law judge  
24 employed by the Office of Administrative Hearings, the hearing  
25 shall be held in accordance with Chapter 5 (commencing with  
26 Section 11500) of Part 1 of Division 3 of Title 2 of the  
27 Government Code. The employee, administrative law judge, or  
28 committee shall prepare a recommended decision including  
29 findings of fact and conclusions of law and present it to the office  
30 for its adoption. The decision of the office shall be in writing and  
31 shall be final. The decision of the office shall be made within 60  
32 calendar days after the conclusion of the hearing and shall be  
33 effective upon filing and service upon the petitioner.

34 (c) Judicial review of any final action, determination, or  
35 decision may be had by any party to the proceedings as provided  
36 in Section 1094.5 of the Code of Civil Procedure. The decision of  
37 the office shall be upheld against a claim that its findings are not  
38 supported by the evidence unless the court determines that the  
39 findings are not supported by substantial evidence.

- 1 (d) The employee of the office, the administrative law judge  
2 employed by the Office of Administrative Hearings, the Office of  
3 Administrative Hearings, or the committee of the commission,  
4 may issue subpoenas and subpoenas duces tecum in a manner  
5 and subject to the conditions established by Article 11  
6 (commencing with Section 11450.10) of Chapter 4.5 of Part 1 of  
7 Division 3 of Title 2 of the Government Code.  
8 (e) This section shall become operative on July 1, 1997.

O